

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Herzuma is a biosimilar to Herceptin (trastuzumab). Herzuma is a monoclonal antibody that targets HER2 receptors on tumor cells that overexpress the protein, preventing further cell growth, ultimately leading to programmed cell death.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Other Criteria	Must follow LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=37205&ver=15						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	One year. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1060 1513 1203"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q5113</td> <td>Herzuma (trastuzumab-pkrb) biosimilar</td> <td>Billing unit: 10 mg 150 mg, 420 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	Q5113	Herzuma (trastuzumab-pkrb) biosimilar	Billing unit: 10 mg 150 mg, 420 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025